

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date:: February 28, 2002
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: SYSTEMS AND METHODS FOR REMOVING
GINGIVA FROM COMPUTER TOOTH MODELS
Attorney Docket Number:: 018563-002910US / AT00084.1
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 16
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: ELENA
Middle Name::
Family Name:: PAVLOVSKAIA
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1688 Sutter Street, #8
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94109

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: VENKATA
Middle Name:: S.
Family Name:: SARVA
Name Suffix::
City of Residence:: Fremont
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 44958 Cougar Circle
City of Mailing Address:: Fremont
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Portugal

Status:: Full Capacity

Given Name:: CARMEN

Middle Name::

Family Name:: CHEANG

Name Suffix::

City of Residence:: Sunnyvale

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 520 Hawthorn Avenue, #1

City of Mailing Address:: Sunnyvale

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94086

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/640328	08/16/00

Filing Date::

[illegible]

Postal or Zip Code of mailing address:: 95050